

Template for Home Provider Emergency & Disaster Plan

Provider's Name

Date of last review and/or update: ____/____/____

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This form is provided for technical assistance purposes only.
Providers may use this form if they choose, but are **not** required to use this form.

Section _____
Responding to Medical Emergencies & Serious Injuries

I will do the following if a child is seriously injured and requires emergency medical treatment:

Section _____
Procedures for Fire, Earthquake, Flood, Power Failure, & Water Failure

I will do the following if there is a fire at my home:

I will do the following if there is an earthquake:

I will do the following if there is a flood at my home:

I will do the following if there is a power failure at my home:

I will do the following if there is a water failure at my home:

Section _____
Emergency Shut off of Gas, Electricity & Water

The location and procedure for an emergency shut off of gas at my home is as follows:

The location and procedure for an emergency shut off of electricity at my home is as follows:

The location and procedure for an emergency shut off of water at my home is as follows:

Section _____
Missing Child & Provider Substitute Plan

I will do the following if a child is missing from my home:

The name and number of the emergency substitute(s) who will be called in the event I must leave the home are:

Section _____
Emergency Evacuation & Relocation

In the event that it becomes necessary to evacuate my home, I will take the children to the following location:

I will do the following to ensure that emergency supplies, including at least food, water, a first aid kit, and diapers (if the provider cares for diapered children) are taken with me to the emergency relocation site:

I will do the following to ensure adequate supervision of all children during an emergency, including while at our emergency relocation site: